



Complete Summary

TITLE

Nursing facility chronic care: percent of residents who lose too much weight.

SOURCE(S)

U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. National nursing home quality measures. User's manual. Cambridge (MA): Abt Associates, Inc.; 2004 Nov (v1.2). 48 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of residents who lose too much weight.

RATIONALE

A loss of 5% or more of body weight in one month is usually considered unhealthy (for example, a 150 pound person should not lose more than 7 1/2 pounds in one month). Too much weight loss can make a person weak, change how medicine works in the body, or cause the skin to break down which can lead to pressure sores. Too much weight loss may mean that the resident is ill, refuses to eat, is depressed, or has a medical problem that makes eating difficult (like weakness caused by a stroke). It could also mean that the resident is not being fed properly, their medical care is not being properly managed, or that the nursing home's nutrition program is poor. To help prevent unhealthy weight loss, it is important that the resident's diet is balanced and nutritious, and that staff spend

enough time feeding people who can't feed themselves. Sometimes it may be necessary for a person to lose weight for medical reasons. In these cases, the medical staff may plan in advance for the resident to lose weight on a special weight loss program, but the person should not lose more than 5% of body weight in one month.

This measure is one of fifteen National Nursing Home Quality Improvement (NHQI) measures. These measures provide information to help consumers make informed decisions about their nursing home care. The measures are also intended to motivate nursing homes to improve their care and to inform discussions about quality between consumers and clinicians.

PRIMARY CLINICAL COMPONENT

Chronic care; weight loss

DENOMINATOR DESCRIPTION

All residents with a valid target assessment (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Number of residents from the denominator who have experienced weight loss of 5 percent or more in the last 30 days or 10 percent or more in the last 6 months

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Nursing home compare. [internet]. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); 2000-[updated 2005 Sep 01]; [cited 2005 Nov 28].

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Long-term Care Facilities

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Patients of all ages

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

About 3 million elderly and disabled Americans received care in our nation's nearly 17,000 Medicare and Medicaid-certified nursing homes in 2001. Slightly more than half of these were long-term nursing home residents, but nearly as many had shorter stays for rehabilitation care after an acute hospitalization. About 75 percent were age 75 or older.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All residents with a valid target assessment

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All residents with a valid target assessment

Exclusions

Residents satisfying any of the following conditions:

1. The target assessment is an admission assessment.
2. A specified value is missing on the target assessment.
3. The resident is receiving hospice care or hospice status is unknown on the target assessment or the most recent full assessment.

Refer to the original measure documentation for details.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Diagnostic Evaluation
Institutionalization

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of residents from the denominator who have experienced weight loss of 5 percent or more in the last 30 days or 10 percent or more in the last 6 months

Refer to the original measure documentation for details.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Special or unique data

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

OUTCOME TYPE

Clinical Outcome

PRE-EXISTING INSTRUMENT USED

CMS Minimum Data Set - Resident Assessment Instrument (Version 2.0)

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a lower score

ALLOWANCE FOR PATIENT FACTORS

Risk adjustment devised specifically for this measure/condition

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Risk adjustment refines raw quality measure (QM) scores to better reflect the prevalence of problems that facilities should be able to address.

Risk adjustment for this measure involves exclusion of residents whose outcomes are not under nursing facility control (e.g., outcome is evidenced on admission to the facility). For each QM, the prevalence of the outcome across all residents in a nursing facility, after exclusions, is the facility-level observed QM score. Refer to the original measure documentation for details.

STANDARD OF COMPARISON

External comparison at a point in time
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percent of residents who lose too much weight.

MEASURE COLLECTION

[Nursing Home Quality Initiative: National Nursing Home Quality Measures](#)

MEASURE SET NAME

[Chronic Care Quality Measures](#)

DEVELOPER

Centers for Medicare & Medicaid Services

INCLUDED IN

National Healthcare Disparities Report (NHDR)
National Healthcare Quality Report (NHQR)
Nursing Home Compare

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Nov

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. National nursing home quality measures. User's manual. Cambridge (MA): Abt Associates, Inc.; 2004 Nov (v1.2). 48 p.

MEASURE AVAILABILITY

The individual measure, "Percent of residents who lose too much weight," is published in "National Nursing Home Quality Measures. User's Manual." This document is available in Portable Document Format (PDF) from the [Centers for Medicare and Medicaid Services \(CMS\) Web site](#).

For more information, refer to the CMS Web site at, www.cms.hhs.gov.

COMPANION DOCUMENTS

The following is available:

- Nursing Home Compare. [internet]. Baltimore (MD): Centers for Medicare and Medicaid Services. 2000- [updated 2005 Sep 1]; [cited 2005 Nov 28]. This tool is available from the [Medicare Web site](#).
- Quality measures for long-stay residents. Baltimore (MD): Centers for Medicare & Medicaid Services; 2004 Nov. 16 p. This document is available in Portable Document Format (PDF) from the [Centers for Medicare & Medicaid Services \(CMS\) Web site](#).

NQMC STATUS

The NQMC summary was completed by ECRI on November 28, 2005. The information was verified by the measure developer on February 8, 2006.

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